

**STATE OF MISSOURI
ADVANCED PRACTICE REGISTERED NURSE
DOCUMENT OF RECOGNITION RENEWAL INSTRUCTIONS**

Please read all of the following instructions carefully before proceeding!

For APRNs who are certified:

NOTE: In order for the Document of Recognition to remain current, a Missouri or Compact RN license must remain active, the certification with the certifying body must remain active, and the Board of Nursing must be notified of each re-certification.

- ◆ If you keep your RN license current and your APRN Document of Recognition does not lapse, then no new APRN application or fee will be required.
- ◆ Your Missouri RN license expires every odd-numbered year on April 30th. You must keep your RN license current to maintain your APRN recognition.
- ◆ Re-certify with your certifying body at least 3 months before your certification expires so there is more than enough time for the certifying body to review your submission and issue your re-certification. Request that your certifying body send a copy of your re-certification to the Missouri State Board of Nursing.
- ◆ It's **your** responsibility to be sure that the Missouri State Board of Nursing has received a copy of your re-recertification. You may fax (573-522-2143), email (nursingpractice@pr.mo.gov) or mail (PO Box 656, Jefferson City, MO, 65102) it.
- ◆ Notify the Board of Nursing of any change of address within a two week period. Failure to do so is a violation of the Nursing Practice Act and may subject your license to discipline.

NOTE: APRNs in Missouri must have a Collaborative Practice Agreement to provide health services that include delegated medical acts.

For APRNs who are non-certified:

NOTE: In order for the Document of Recognition to remain current a Missouri or Compact RN license must remain active.

Please use the form provided by the Board:

<http://pr.mo.gov/boards/nursing/nursingcontinuedrecognitionreportformfornoncertified.pdf> .

- ◆ Provide evidence of eight-hundred (800) hours of clinical practice in the advanced practice nursing clinical specialty area within the past two (2) years. In order to meet this requirement, please submit a statement from your employer/supervisor on letterhead that includes their complete name, address and telephone number for **each** clinical setting employed within the past two (2) years, including specification of your clinical practice role and responsibilities (e.g. written job description) and the total number of clinical hours completed in each setting in order to account for the minimum total of eight-hundred (800) hours.
- ◆ Provide documents showing a minimum of sixty (60) contact hours in your advanced practice nursing clinical specialty area offered by an accredited college/university within the past (2) years.

PLEASE NOTE: Non-Certified APRNs - If the required documentation for maintenance of your Document of Recognition is not received by the Missouri State Board of Nursing before your expiration date, your Document of Recognition will lapse. In order to re-instate your Document of Recognition, you will have to submit proof of certification by a nationally recognized certifying body approved by the Board.